MAJOR UNUSUAL INCIDENT NOTIFICATION
Private Psychiatric Service Providers

Private Psych. Incident No.	ODMH Incident No.	Date of Report	Time of Report AM PM

Facility Name

Address (street, city, state, zip)

Name and Phone No. of Person to Contact Regarding Incident

Date of Incident	Time of Incident AM PM	Census at Time of Incident	No. of Staff at Time of Incident

Location of Incident (select one)

- ☐ Bathroom/Shower
- ☐ Corridor
- ☐ Dayhall
- ☐ Dining Area
- ☐ Kitchen
- ☐ Nursing Station
- ☐ Program Area
- ☐ Patient's Home
- ☐ Patient's Room
- ☐ Seclusion Room
- ☐ Stairway
- ☐ Recreation Area _____
- ☐ Office _____
- ☐ Outside _____
- ☐ AWL/Community _____
- ☐ Other, specify _____
- ☐ Unknown

Immediate Notifications of Incident ("X" all which apply)

- ☐ Coroner
- ☐ Family/Guard./Spouse
- ☐ Local Board
- ☐ Local Police
- ☐ ODMH
- ☐ Protective Agency
- ☐ Risk Management
- ☐ Other, specify _____

Person Making Notification	Date and Time AM PM

Immediate Action Taken ("X" all which apply)

- ☐ Evacuation of Area
- ☐ First Aid
- ☐ Seclusion/Restraint
- ☐ Transferred to Medical Floor
- ☐ X-Rays
- ☐ Use of Force, specify _____
- ☐ Other, specify _____

Root Cause Analysis Applicable

☐ Yes ☐ No

Type of Incident

- ☐ **Accidental Injury**
  - ☐ Fall ☐ Sports/Recreation
  - ☐ Choking on Food
  - ☐ Other _____
- ☐ **Adverse Drug Reaction**
- ☐ **Alleged Abuse of Patient**
  - ☐ Physical ☐ Verbal ☐ Sexual
  - ☐ Defraud ☐ Neglect
- ☐ **Assault**
  - ☐ Sexual ☐ Weapon
  - ☐ Physical ☐ Other
- ☐ **Attempted Suicide**
- ☐ **AWOL:** Date/Time Located _____
  Place Located _____
- ☐ **Contaminated/Unknown Sharps Injury**
- ☐ **Contraband: Type** _____
- ☐ **Death**
  - ☐ Suicide ☐ Homicide ☐ Accidental
  - ☐ Natural ☐ Pending ☐
  - ☐ Could not be Determined
- ☐ **Discharge to Homeless**
- ☐ **Equipment Malfunction**
- ☐ **Fire**
- ☐ **Inappropriate Sexual Behavior**
- ☐ **Illicit Drug or Alcohol**
- ☐ **Illness/Medical Emergency**
- ☐ **Injury While Restraining Patient**
- ☐ **Medication Error**
- ☐ **Property**
  - ☐ Damage ☐ Loss _____
- ☐ **Self-Injurious Behavior, specify** _____
- ☐ **Threat, specify**
- ☐ **Unauthorized Use of Restraint**
- ☐ **Other, specify** _____

Injury Codes

A = Abrasion	H = ?Fracture/Dislocation
B = Bite	I = Laceration
C = Bruise	J = Scratch
D = Burn	K = Sprain
E = Discoloration	L = Swelling
F = Dislocation	M = None
G = Fracture	N = Other (specify)

Race/Ethnicity Codes

- A = Asian
- B = Black/African American
- M = Alaskan Native
- N = Native Am./Am. Indian
- P = Native Hawaiian/Other Pacific Islander
- W = White
- U = Unknown
- H = Hispanic

Method of Suicide/Attempted Suicide

- ☐ Asphyxiation
- ☐ Drowning
- ☐ Drug Overdose
- ☐ Firearms
- ☐ Hanging
- ☐ Jumping from Height
- ☐ Jumping in Front of Moving Vehicle
- ☐ Laceration
- ☐ Poison
- ☐ Other _____

Persons Involved or Patient Identifier	V = Voluntary I = Involuntary	E = Employee P = Patient V = Visitor O = Other	P = Perpetrator V = Victim W = Witness U = Unknown	Race (see codes above)	Date of Birth	Gender	Injury Codes (list all that apply - see codes above)
1.							
2.							

Additional Information

Signature	Date and Time AM PM